pulse
Lawrence S. Bloomberg Faculty of Nursing
Nº.1/Vº.1

The Cardiac Issue

Meet Safa Masri: nurse, grad student, donor heart recipient

Lawrence S. Bloomberg Faculty of Nursing Presents:

HPE 2009 Conference

Health Professions Education Global Best Practices in Simulation

May 21 to 23, 2009
Hart House, University of Toronto

Conference Themes

- Simulation, virtual simulation and e-learning
- Assessment of simulation-based learning
- Technology-supported learning
- Inter-professional education
- Student and educator experience with simulation
- Monitoring competencies through simulation
- Other educational innovations

Conference Objectives

The overarching Conference objective is to bring together researchers, educators, practitioners, decision-makers, and students to develop synchronous efforts in setting best-practice standards for simulation-augmented health professions education.

The Conference will strive to foster a positive environment for an exchange of ideas, presentation of research findings and sharing of strategies for implementation of simulation in education. In addition, the Conference aims to promote formation of collaborative research networks at both international and national levels.

We anticipate that with your continuous support the Conference will grow to an annual international event with focus on health professions education.

Featured Speakers

Patricia E. Benner R.N., Ph.D., FAAN
Professor Emerita, Department of Social and Behavioral Sciences and Department of Physiological Nursing

Brian David Hodges MD, PhD, FRCPC
Director, University of Toronto Wilson Donald R. Wilson Centre for Research in Education at the University Health Network

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Features

Departments

ABOVE Transplant time: the diseased heart of Safa Masri on the left, new donor heart on the right

William Ciccocioppo

Photographer

HOMETOWN: Toronto
RATHER BE IN: Greece windsurfing
I FEEL STRONGLY ABOUT: Milk
LAST BOOK READ: Cormac McCarthy's *Blood Meridian: Or The Evening Redness in the West*
I WISH PEOPLE WOULD BE MORE: Polite when writing emails
IN 10 YEARS, I'LL BE: On an island... in a lake... at my cottage
BIO: William Ciccocioppo is an award-winning photographer who has held a camera in his hands ever since he can remember, and hasn't stopped shooting since. Among his clients: *Financial Post*, *Macleans*, *Toronto Life*, *Report On Business*, *Canadian Business*. He shot our inaugural cover and several inside features.

Jennifer Lapum

Contributing writer

HOMETOWN: Toronto
RATHER BE IN: Isla Mujeres, Mexico
LAST BOOK READ: Paul Vermeersch's *Between the Walls*
WHY I WRITE POETRY: Writing poetry has always been embedded in my being and has been a way for me to wonder and wander. Only as I engaged in graduate school has poetry become a way of knowing and a method to link the intellect with emotions. I use poetry in my scholarly pursuits because it has the potential to stimulate a gut impact. It emphasizes and actualizes the importance of the art of nursing.
BIO: Jennifer Lapum is near completion of her PhD in nursing at the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto. Currently, she's an associate professor at the Daphne Cockwell School of Nursing, Ryerson University. Read Lapum's poetry in our Expressions section, page 30.

Judith Shamian

Contributing writer

HOMETOWN: The Air Canada lounge between Toronto and Ottawa!
I FEEL STRONGLY ABOUT: Social justice, the Canadian health-care system, my family
I WISH PEOPLE WOULD BE MORE: Community minded and advocate for the right things such as shaping health and social policies
IN 10 YEARS, I'LL BE: A senator and/or an international nursing and policy scholar
BIO: Dr. Judith Shamian is currently president and CEO of the Victorian Order of Nurses , and a professor (status only) at the Bloomberg Faculty of Nursing. Shamian was president of the Registered Nurses Association of Ontario, executive director of Health Canada's office of nursing policy for five years, and VP of nursing at Mount Sinai Hospital in Toronto for 10 years. She has held various academic positions since 1989, and is president-elect of the Canadian Nurses Association. She writes our first Opinion piece on page 24.

Fall/Winter 2008

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Illustration: Francesco Gallo

Photo: william ciccocioppo

Reading the pulse

By Dean Sioban Nelson, RN PhD

Reading the pulse has long been a cross-cultural metaphor for vitality and health. Whether you are a registered nurse who reads the pulse as part of your assessment of cardiac function and hemodynamic status, or a traditional Chinese medicine practitioner who uses the pulses to determine your patient's vitality and energy, the pulse is a window on what is happening to the body. Good or bad, the pulse registers it. In our first issue of this exciting new publication, we have taken the pulse metaphor quite literally and chosen to focus on cardiovascular nursing. This is certainly a story worth telling!

We made the decision that the Lawrence S. Bloomberg Faculty of Nursing needed a publication that reached out to its entire community—alumni, students, partners and colleagues in the field. This community is quite remarkable. It is a network comprised of major leaders in the professional community, policy makers across the country and beyond, research partners around the world, colleagues across the health professions, and of course, our more than 6000 alumni. Our wonderful alumni of practising or former nurses, ranging in age from twenty-something to 100, is passionately interested in nursing and health care and we hope to offer everyone something in this new magazine.

In our "cardiac" *Pulse*, we are thrilled to showcase the enormous breadth and depth of our contribution to cardiac care and cardiovascular nursing scholarship and practice. From the exciting new appointment of our RBC chair in cardiovascular nursing research, Dr. Sean Clarke, to the remarkable careers of our alumni of cardiac nurse practitioners (who practise in areas as diverse as rehabilitation or organ transplant), there is much to celebrate and honour. Other features in this first issue include a story on our contribution to the better understanding and management of cardiac pain, particularly post-operative pain. New faculty member and alumnus Dr. Michael McGillion, recent PhD graduate Dr. Monica Parry, along with our Tom Kierans International Postdoctoral Fellow, Dr. Marit Leegaard from Norway, are all engaged in groundbreaking collaborative work investigating better ways to manage cardiac pain—a serious problem that affects so many people. In addition, we explore the amazing work of our adult and paediatric nurse practitioners whose skill and commitment makes such a difference to patient care in the life and death field of cardiovascular nursing. In another story, we look at the personal side of the heart transplant experience with our remarkable alumna and online graduate student, Safa Masri. We also talk to our donor, Lawrence S. Bloomberg, who brought $10 million to the Faculty of Nursing at the University of Toronto, about this historic gift and his motivation and interest in nursing, and hear from Dr. Judith Shamian, head of VON Canada, about the importance of evidence-based nursing research.

Throughout the pages of *Pulse*, we want to give our readers an in-depth look at the many facets of faculty activity. We want to acknowledge the contribution to nursing and to health care of our students, faculty and alumni and showcase the groundbreaking work of our doctoral students, the achievements of our master's prepared nurses, the leadership of all our students past and present, and celebrate the enormous contribution of our many thousands of alumni to Canadian health care.

I hope you enjoy the first of many *Pulses*.

The lighthouse school

From day one, U of T was educating nurses of the future

By Dean Sioban Nelson, RN PhD
Illustration by Gérard Dubois

The Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto began life as an experiment in nursing and public health education in 1933. It set out to develop a new kind of program to produce a new kind of nurse—a nurse who was highly educated and capable of leading in a rapidly changing environment.

Here's the historical context: In 1920, Canada was barely recovering from the double devastation of WWI and the Spanish Influenza pandemic. As public health awareness grew in importance, so too did a better understanding of the important role appropriately educated nurses could play in transforming the health of the nation. Policy attention was not only focused on infectious disease, the necessary sanitation reforms and education of the public, but it was also concerned with the care of women and babies, and the need to implement strategies to decrease infant mortality.

At this time, nurses' education was overwhelmingly in the hospital schools, where the students provided the core workforce. A few programs were springing up around the country that provided a ladder to a university qualification in collaboration with the hospital sector. For Edith Kathleen Russell, founder of the Department of Public Health Nursing within the School of Hygiene at the University of Toronto, this didn't go nearly far enough. She believed nursing needed to be based entirely in the university (like other professional programs), and that students needed more clinical education and experience than the hospitals could provide. She felt they needed to be educated in hospital nursing (as it was called then) and public health training. This was what the country needed and this is what she set out to establish—a new model of education for a new kind of health-care system.

It was also a new kind of program with a new approach to knowledge. It was a program that prided itself on its close affiliation with colleagues in medicine and with its strong training in the sciences. Russell believed it was for would-be leaders. In 1923 the Goldmark Report on nursing in the United States found nurse-training schools bore no resemblance to educational institutions, and most nursing schools took women who had not completed high school. In stark contrast, U of T set a very high bar. With strong support from the Rockefeller Foundation in the USA, the nursing program at Toronto rapidly became a "Lighthouse School," a school that was internationally recognized, innovative and of high quality, was illuminating the way for the new generation of programs, and was educating nurses of the future.

Ninety years later, the same challenges exist. Our classrooms of today are really rooms full of the nurses of 2020, 2030, 2040! What are the best ways to prepare nurses of the future? What are the best ways to prepare them for today? The Lawrence S. Bloomberg Faculty of Nursing is approaching these questions very seriously and strategically, focusing on our strengths in research, in graduate education, and in the development of new roles for practice. We are moving quickly with developments in simulation, experimenting with various forms of technology to enhance clinical learning at a distance, not so that people can practice clinically at a distance (though that may happen from time to time), but so that when our students get to the practice setting they are not building basic skills, but putting all the skills they have practised together in the pressured and sometimes overwhelming world of frontline care.

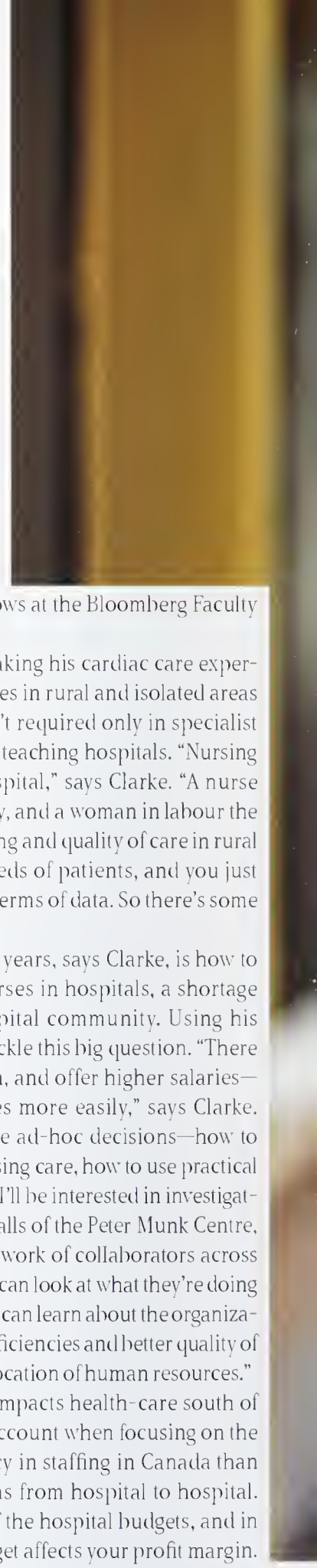
In the case of advanced practice nurses (APNs), most especially with our nurse practitioner programs, one common theme across highly diverse roles and careers has been the ability of APNs in the acute sector to develop roles in a way that is responsive to changing service and patient needs. Highly experienced, highly educated, APNs have been enormously effective in bringing changes to service provision patterns, bridging patients with chronic conditions into specialist services, and following up with patients in the community. Given the great need to bring improvements in services to those with chronic illness and complex needs, these are the kind of interventions that we need in spades. In fact one of the most exciting innovations has involved recent changes to the extended class (EC) by the College of Nurses of Ontario. What were formerly known as acute care nurse practitioners, and now NP-Adult and NP-Child have now been added to NP-Primary Health Care as designations of nurses with extended scope of practice. This means that, for the first time, the province will have a broad framework of regulated nurse practitioners to take up the myriad roles across the health care system providing high quality accessible care. This is in fact what graduates of our advanced practice and nurse practitioner programs have being doing for more than a decade but under the new regulatory framework the real capacity of the adult and pediatric nurse practitioners can finally be fully explored.

At the same time, our longstanding nurse practitioner program has produced nurses who have been making a major contribution to health care in Ontario and beyond in pain care, cancer care, pediatrics and cardiac nursing. Working in state-of-the-art transplant units, in palliative care units, or with troubled adolescents in mental health clinics, these NPs are able to bring the many points of the health-care system together for patients and their families. Often at the interface between specialist services and primary health care, adult and pediatric NPs provide a much needed access point for patients with complex conditions, chronic illnesses and multiple service needs. As the health-care system grapples with the challenge of rising costs, overstretched specialist services, overburdened emergency rooms and access challenges in primary health care, the regulation of NPs adult and pediatric is long overdue. Helping the system create a sustainable model of service delivery where Canada's health outcomes can be among the best in the world is a goal that requires the involvement of all the professions in building the health-care teams of the future.

One such instance of the team of future is in the field of anaesthesia. Developments in team care in anaesthesia have a recent history in Ontario. The first innovation was with the introduction of the role of anaesthesia assistant (AA). These AAs are basically respiratory therapists and nurses who undergo additional training at a number of college sites in the province at the Mitchener Institute in Toronto. They support anaesthesiologists in developing efficiencies in the model of care delivery thereby increasing the availability of anaesthesia services to the community. A further development is the NP Anaesthesia, a new role for nurse practitioners. Newly launched this fall, the program was developed in close collaboration with the Department of Anaesthesia in the Faculty of Medicine at the University of Toronto.

Throughout the world, there are new roles that are emerging in response to major shifts in the health of the population and in the workforce available to provide the necessary services. Shifts such as the steep (and continuing) increase in chronic illness, poor access to primary health care, and increased wait times for surgery due to insufficient anaesthesia services available. In all these areas it is our advanced practice nurses and nurse practitioners that have a key role to play.

I come back to Kathleen Russell. She had a vision for nursing that was shaped by the influenza pandemic, by the failure of the hospital sector to provide the opportunities for nursing to develop as a profession, and by the very great role she was convinced that nursing could play in transforming health around the world. Despite the fact the School is now the Lawrence S. Bloomberg Faculty of Nursing, and that about 97 percent of our undergraduate students come into our program with at least one (and sometimes two) degrees, our mission to the profession and to the health care system to be a "lighthouse" for innovation and leadership remains unchanged.



RIGHT Dr. Sean Clarke: "Nurses have a grip on what's important."

Canadian roots

RBC chair in cardiovascular research draws nursing professor home

By Lucianna Ciccocioppo
Photography by William Ciccocioppo

After a decade in the USA, Dr. Sean Clarke says it's good to be home. "I'm coming back to my roots as a nurse and as a researcher in nursing." The newest recruit to the Lawrence S. Bloomberg Faculty of Nursing is a registered nurse and advanced practice nurse with expertise in coronary care, and a PhD in psychological and social aspects of cardiac disease.

As the new RBC chair in cardiovascular nursing, in partnership with University Health Network (UHN), Clarke looks forward to focusing his research on where it all began. "I did a lot of great work with many collaborators, and I saw interesting things and patterns. But now it's time to take my research back to the level of frontline nursing and study what's going on in the frontlines of cardiovascular care," he says. "One of the things that attracted me to the position, with its resources and built-in links, was the opportunity to try new things that I wasn't able to try in the US."

Armed with undergraduate degrees in science and psychology, and volunteer and work experiences throughout university in hospitals and long term care facilities, Clarke looked for a way to marry his interests in the social and biological sciences. "I looked around and saw that nurses had a grip on what was important. They have an impact on people's quality of life," says Clarke. And so his nursing career began in the late 1980s.

With a clinical specialty in cardiovascular care, Clarke is eager to be funneling this expertise among his many goals for the research chair. "Cardiovascular care is probably one of the best developed areas in health research in understanding outcomes. If I'm interested in what's the best way to operate a coronary care unit, or the best way to organize a unit delivering emergency angioplasties, we know enough about what predicts which angioplasty patients will do well, or not so well, to conduct comparisons over time, or across hospital units," explains Clarke.

Many of the research aspects of cardiovascular disease relate to quality of care, he says, things such as health promotion, disease prevention, smoking cessation, cholesterol, body weight, exercising, diets and rehabilitation. "If there are people interested in working in these areas with me, I'm going to jump in and help the staff nurses and APNs develop such projects."

Over the years, and in various contexts, he's expanded his scholarly pursuits to include nursing organization—why some hospital units do better for patients then others, in terms of reducing mortality rates, and enforcing best practices, and why some units have higher burnout rates or occupational injuries than others. "The workplace environment is critical in drawing out people's best on behalf of patients," says Clarke. "Doing the right things to keep nurses happy and retained are the same things that will get patients better care, and help them do better," he adds.

It's these broad based research skills that will help Clarke serve as a catalyst for other collaborative projects, and push the opportunities of the RBC chair to their maximum. "A big indicator of success for this research chair is whether I'm successful in helping people develop research projects—nurses and advanced practice nurses in the Peter Munk Cardiac Centre at University Health Network, and also doctoral students and post-doctoral fellows at the Bloomberg Faculty of Nursing."

Success by RBC's definition would also mean taking his cardiac care expertise on the road. Sharing his knowledge with nurses in rural and isolated areas of Canada is important since cardiac nursing isn't required only in specialist units with highly trained nurses in the big, urban teaching hospitals. "Nursing practice looks very different in a small rural hospital," says Clarke. "A nurse may be looking after a heart attack patient one day, and a woman in labour the next. We haven't really studied these areas of staffing and quality of care in rural hospitals because studies usually involve hundreds of patients, and you just don't have these numbers in smaller hospitals, in terms of data. So there's some creativity required to study rural nursing."

One area requiring creativity over the next 10 years, says Clarke, is how to address the expected 30 percent shortage of nurses in hospitals, a shortage that will not distribute itself evenly in the hospital community. Using his cardiovascular nursing focus, Clarke intends to tackle this big question. "There are some places that are more desirable to live in, and offer higher salaries—those places are going to hold onto their nurses more easily," says Clarke. "And then there are places that will have to make ad-hoc decisions—how to blend staff or use non-nursing staff to provide nursing care, how to use practical nurses with registered nurses. These are questions I'll be interested in investigating." His investigations will take him beyond the walls of the Peter Munk Centre, and LSB Faculty of Nursing. "I'll be looking at the work of collaborators across the province, perhaps internationally as well, so we can look at what they're doing and see the variations and similarities. The more we can learn about the organization of nursing, and how it helps produce greater efficiencies and better quality of care, the more we can learn how to measure the allocation of human resources."

He's well aware of how nursing organization impacts health-care south of the border, and he'll take these experiences into account when focusing on the Canadian landscape. "There's greater consistency in staffing in Canada than there is in the USA, where we see wild variations from hospital to hospital. Nurses are very expensive. They represent half of the hospital budgets, and in the U.S., playing with that percentage of your budget affects your profit margin. Health-care facilities with a professional practice model, such as UHN, have decided to get as many of the best educated nurses as possible, and keep staffing at the highest levels as possible."

But Clarke's research shows it's about more than staffing with a full complement of nurses. "If you maintain the right mix of advanced and new nurses, you'll get better results for your patients. And if you hire managers who are able to create a climate where nurses feel comfortable in using their judgment, and collaborate with each other and among disciplines, you'll get better results for your patients." And in the fast-paced, high-tech, ever-changing world of nursing, it's always about better results.

With a new job and new home, Clarke is ready to forge a new direction in cardiac nursing for Canadians. Welcome back, eh.

Health-care focus for RBC

Canada's largest bank has decided nursing research deserves its support, and it's an area close to the heart of Gayle Longley, director of corporate donations at the Royal Bank of Canada. "My Aunt Lil in Alberta was a nurse," says Longley, "and she became our 'in-house' health-care specialist for the whole family. This speaks to the tremendous knowledge and role nurses have in our lives."

RBC wants to help expand that role even further with its RBC chair in cardiovascular nursing research, held by Dr. Sean Clarke, at the University Health Network and Lawrence S. Bloomberg Faculty of Nursing. "This chair, together with the RBC chair in oncology nursing research, really anchored nursing as part of our health-care focus," says Longley. "We hope to encourage innovative discovery by giving this research support."

RBC injected a total of $2.5 million into nursing research: $1.5 million to the cardiovascular chair, matched by University of Toronto; and $1 million to the oncology chair, matched by Princess Margaret Hospital Foundation. Longley hopes Clarke takes his cardiovascular expertise to nurses in small and rural communities around Canada, to nurses eager to glean his knowledge in cardiovascular care and enhance their skills. "Training is so important for nurses; it's something I consistently hear from them."

RBC is one of Canada's largest corporate donors, supporting a broad range of community initiatives, through donations, sponsorships and employee volunteer activities. The bank's health-care donation strategy is two-pronged: children's mental health, and nursing programs. In 2007, RBC contributed more than $82.8 million to community causes worldwide. RBC is committed to donating at least one per cent of its average annual net income before taxes.

Dr. Sean Clarke holds the RBC chair in cardiovascular nursing research.
Dr. Doris Howell holds the RBC chair in oncology nursing research.

RIGHT: [illegible] APNs Judith Wilson, Kathleen Einarson and Paula Pereira-Solomos.

Tending to tiny hearts

Advanced practice nurses at Sick Kids Hospital in Toronto are part of innovative multidisciplinary teams in pediatric cardiology—a Canadian first—dramatically reducing emergency admissions

By Lucianna Ciccocioppo/Photography by Carolyn C.

It was supposed to be an idyllic summer trip back to her Hungarian homeland, with her four-month-old son and mother in tow. But for Suzanna Deak, "It was two weeks of hell."

Two summers ago, Julian Finkelstein was a rather sweaty baby, suffering from diarrhea and vomiting, but his pediatrician assured Deak it would pass. The long and tiring plane ride to Hungary was marked with a one-hour crying and screaming match by baby, and Deak's mother's intuition kicked into high gear. "This isn't right," she thought, and promptly got a doctor to make a house call upon arrival in Europe.

He detected a heart murmur and transferred Julian to the central heart clinic. An x-ray diagnosed a very sick little boy, the nurses started IVs, and doctors told Deak to expect the worst—he wasn't going to make it.

Deak's travel insurance offered a medical plane to return to Toronto, and Julian was immediately taken to Sick Kids Hospital, where staff cardiologist Dr. Paul Kantor confirmed the diagnosis: dilated cardiomyopathy. This is the most common form of cardiomyopathy, a chronic and sometimes progressive disease that causes the heart muscle to abnormally enlarge, thicken or stiffen, eventually weakening it to perhaps cause heart failure.

Days later, Julian was recovering and slowly got better. "We didn't need to be on a transplant list," says Deak. It turns out, Julian's case was caused by a viral infection, not genetics. He still has regular follow ups with his cardiologist and with Judith Wilson, MN oT1, an advanced practice nurse at Sick Kids' Labatt Family Heart Centre.

Wilson is one of nine APNs who subspecialize in pediatric cardiology. These APNs bring their expertise to six areas: surgery, single ventricle, cardiomyopathy and heart function, pulmonary hypertension, cardiac transplant and lipid disorders. While heart failure teams are established in hospitals for the adult population, they are new to pediatrics—and The Hospital for Sick Children was the first to implement them in Canada.

Wilson started in this unit seven years ago. She runs an outpatient clinic with Dr. Lee Benson, head of the cardiac diagnostic and interventional unit, for children with hypertrophic cardiomyopathy. She determines if genetic screening is required, disseminates information on the genetics of the disease, ensures they have the proper medications if diagnosed, and presents at weekly rounds with the multidisciplinary team.

With an increasing expertise in this area, she helps keeps patients from re-admission into Sick Kids. "If the physician is tied up in a catheter lab, or doing other procedures, and the patient needs medical attention, I can triage the situation. I'll ask to have the child brought into emergency, assess the patient and send him or her home if everything is ok, or call in the team if not," says Wilson. Sometimes it's a matter of tweaking their medications. "The patient, or the family, may call in with a blood pressure reading, and I can advise to go up on this medication. Or if they seem to be doing much better, and don't require so much diuretic therapy, I'll advise to back off on the medication."

Her passion for nursing has grown since working in this area of pediatrics. "This has been the most rewarding part of my career, working with this population, because it covers the whole spectrum of their illness, from being acutely ill in the intensive care unit, newly diagnosed, to meeting the patients and their families and teaching about the disease, through managing them as they start to get better on the ward, and following them as an outpatient," says Wilson.

Using advanced practice nurses in the division of cardiology makes perfect sense, says cardiologist and clinical head, heart failure service, Dr. Paul Kantor, "because of the complexities of the patients and because it promotes a closer patient-caregiver relationship, which continues after discharge, and which is able to continue more readily than if it were run solely through a physician."

Parents, such as Suzanna Deak, can't thank Wilson enough for being that one contact person who truly knows their child. "We had her direct number," says Deak. "She walked us through everything, and told us how other families were dealing with this disease. She helped us get back to a normal life."

The cardiology unit is busy. Most patients end up on the transplant list. A new heart, however, means new medical issues, and that means advanced nursing support, says APN Kathleen Einarson (ACNP oT3). She works in the post-operative care and management unit, reviewing charts, tests and results, examining patients to make the necessary adjustments to their treatment plans and medications, and ordering investigations to prepare the patients for discharge. Like her other APN colleagues, Einarson collaborates with the multi-disciplinary team, and presents to the cardiologist on rounds.

New to her practice is a one-month rotation in the critical care unit, where many post-operative patients could remain for months. "The staff nurses need support on how to provide interventions with families who are under a lot of stress," says Einarson. "They need advice on how to move the care forward in the critical unit. Things like getting patients out of bed because they don't need to be on the monitor all the time, or taking the invasive monitoring lines out in children who would normally be on the ward in 4D, but aren't, because

there isn't an available bed yet."

This support means overall hospital stay isn't unduly prolonged. It also means increasing family and staff nurse satisfaction. The educational support extends to the staff nurses on the ward, who have "numerous questions" about the many issues surrounding cardiac surgery, says Einarson. "We advise on strategizing and prioritizing testing in terms of what should be done first. We also teach chest tube removal and pacing wiring removal to the general staff, so a patient doesn't have to wait for an APN or physician to be available." Adds Wilson: "A lot of staff nurses don't remember a time when there weren't APNs. Helping the RNs problem solve takes some pressure off them."

Consistency to care is a recurrent theme. "Being a teaching hospital, we work with a lot of residents, fellows and trainees, who come and go on a frequent basis. The APNs, however, are here on a regular basis; they understand our routines and protocols, and have, in fact, helped up to develop those protocols," says Dr. Jennifer Russell, program director, pediatric cardiology, and section head, inpatient cardiology. "They know it's our policy to minimize blood work," she says. Russell explains since pediatric residents don't do a lot of cardiology, they tend to be "very test-oriented." That means cancelling the overabundance of lab tests or x-rays by morning that residents, unfamiliar with the patient, or insecure about their cardiac skills, may have ordered on an overnight shift. "Lab utilization is a big focus at the hospital," says Russell, "and I think APNs have bought into that very early on."

Russell says APNs have been instrumental in developing care maps, the critical pathway for decision-making from diagnosis, pre-operation and discharge. She co-chairs the care map committee with APN Paula Pereira-Solomos (BA 9T3, BScN 9T4, MN 9T9). The maps prevent needless testing, and ensure certain procedures are in place at appropriate times. "We can track for quality purposes whether certain procedures are happening, or not, and if not, why not, so that we can track the root cause of the lapse," explains Pereira-Solomos.

She is credited with essentially carving out the advanced practice role in the Labatt Family Heart Centre almost nine years ago, and with Einarson, launched the APN-driven out-patient clinic as well. "It was met with lots of resistance at first, from the cardiology team, but now they've embraced the role quite well," she says. "The cardiologists wanted people with expertise to see the patients." Those experts are now APNs who have developed a strong working relationship with the medical team. "We help move the program forward to provide better care for families and their children."

The results of this better care? "Anecdotally, I can tell you we've noticed a dramatic reduction in emergency admissions of patients with heart failure," says Kantor, a U of T associate professor. "The cardiomyopathy and heart function service is essentially run by two APNs, and it's that continuum at the outpatient level that results in adjustments of care and ultimately averts deterioration which would otherwise mean readmission."

The single ventricle unit, where Pereira-Solomos works, has experienced the same trend. The unit has an APN-driven clinic and staff cardiologist which has translated to fewer emergency admissions. It also staffs a hotline by APNs during the day, fellows at night, to help triage situations. If patients need to come to emergency, "then the admission is much more coordinated, anticipated," says Pereira-Solomos. "We can prevent a crisis."

Their APN expertise is now reaching out prenatally, linking with mothers whose fetuses have been diagnosed with single ventricle disease. The nurses are connected with Mount Sinai Hospital's fetal alert network. "We meet with the parents prenatally and provide a lot of anticipatory guidance about what they can expect with caring for their child after birth. We walk them through the experience of this type of heart disease and outline resources they're going to need, if they require help with other children. We ensure collaboration with social workers because of the complexity of the disease," says Pereira-Solomos. The APNs follow the families from diagnosis to what they call "graduation," after second stage palliative surgery, because this is the time the children require the most intense care. It's also a time of educating the parents extensively about life with a child who has a diseased heart.

The education continues after discharge, where APNs empower parents to take advantage of available community partnerships to help them develop an expertise in taking care of baby at home. "Together with Community Care Access Centres, we're stepping up in-home monitoring of these families, so parents take more of a leadership role," says Pereira-Solomos. "We give them a binder full of information, prepared by nurses, to keep them on top of medical issues, such as feeding and weight, so they don't have to come back to Sick Kids unnecessarily, especially if it's a long drive."

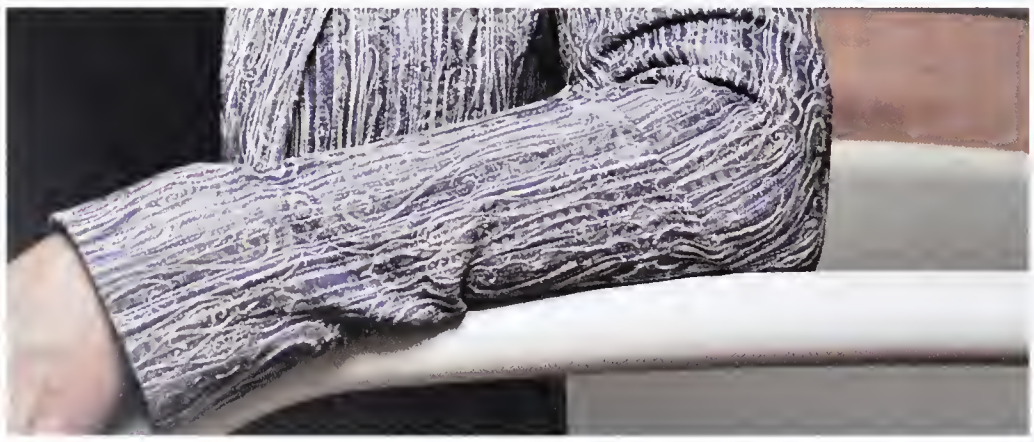
While it's not a long drive back to Sick Kids for Julian Finkelstein and his parents, the Toronto-based family would like to keep the emergency admission a distant memory. Today, Julian is a healthy 17-month-old little boy, "super active and super fast," laughs his mother. "You'd never think he was so close to death two summers ago," says Deak.

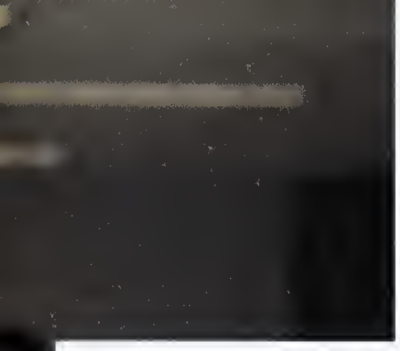
Transplant nurse

The head of the University of Toronto's Transplant Institute, Dr. Gary Levy, says "We couldn't run the transplantation program without nurses."

Here's why

By Lucianna Ciccocioppo
Photography by William Ciccocioppo





LEFT APN Jane MacIver in the Bloomberg Faculty of Nursing's Simulation Laboratory

Jane MacIver can't ever recall a time when she didn't want to be nurse. "I grew up in an emergency room," says MacIver. "I was very comfortable in hospitals." She knew the doctors, nurses and ambulance drivers by name. Not hard to understand when your mother is an emergency room nurse in Newmarket, Ont., at what is now Southlake Regional Health Centre. "I was the one who took all the homework to my friends who were in the hospital," she says with a smile. Nursing school then was a natural choice. Working in transplantation, however, was not.

The advanced practice nurse, who received her MScN, summa cum laude, from the Lawrence S. Bloomberg Faculty of Nursing in 1996, helped carve out a role for nurse practitioners such as herself in cardiac surgery at University Health Networks' Toronto General Hospital. And she was perfectly happy in this role for the next five years.

But one day, a colleague returned from what is now New York-Presbyterian University Hospital of Columbia and Cornell, armed with exciting new knowledge on mechanical hearts, and could Jane please set up a program to help introduce these pumps to advanced heart failure patients waiting for transplants here in Toronto, just for the next six months please?

The busy acute care nurse practitioner (ACNP 9T8) hemmed and hawed at the "coordinator" role, but finally agreed to work on it, for maximum one year. That was 7 years ago. Today, University Health Network, together with Sick Kids Hospital, boasts the largest mechanical heart program in Canada.

And MacIver is still very much part of the transplantation team. "I love it," she says. "I'm here because of the patients." There's the dad who wants to live to see his unborn grandchildren. And the mom who wants to help her teenaged daughter pick courses for university. As a mother and spouse, MacIver understands that determination.

She sifts through and disseminates all the information that patients require, pre-operative and post-operative, and ensures they understand what they're facing. With a 50 percent mortality rate within six months of receiving a mechanical heart, death is still very much lingering on the doorway for these patients.

She tells them there are no guarantees. She asks how they would like to die, if they don't survive their surgery. She sits with their families and helps draw up a care plan. Her clinical knowledge and nursing experience uniquely positions her to help these families prepare for the most difficult decision of their lives.

She's so passionate about her field, she's now pursuing a PhD at the University of Toronto's Institute of Medical Sciences investigating how heart failure patients make their decisions, and how factors such as depression and cognitive impairment affect their decision-making.

As one of three advanced practice nurse on the cardiac transplant team, she's glad she doesn't have to make the big decision—who gets a new heart.

If your life depends on a new organ, Toronto's a good place to be.

Unique in the world, the newly minted Transplant Institute at the University of Toronto brings together all solid organ transplantations under one program, allowing the multidisciplinary team members to gain top-notch expertise in transplants. Its internationally renowned lung program is the largest in the world, with more than 100 transplants per year. Its liver program is the largest living donor program in North America, among the top 4 in the world. Its innovative heart program, the largest in Canada at 25 transplants per year, specializes in left ventricular assist devices (mechanical heart pumps), and stem cell transplants, says its director and U of T professor, Dr. Gary Levy.

Clinical fellows make a beeline to the institute, as do its international counterparts for educational opportunities, research expertise and resources. The knowledge transfer doesn't stop there—patients, their families and care providers are all kept very much informed about the transplantation process they are about to experience. Most of the educational materials, such as manuals and videos explaining the medications required, and the procedures to expect, are produced by nurses.

"I would argue we produce some of the best materials in the world," says Levy "not only for patients and their families but also for visiting faculty, doctors and nurses from other centres, who want to learn about transplantations."

U of T associate professor, Dr. Heather Ross, medical director of cardiac transplantation, and deputy director for the multi-organ transplant program says the APN is ideally suited for the transplant realm. "They have an incredible opportunity to display leadership and educate other nurses in the hospital, in transplant care, advanced organ failure, in the coronary care unit or medical units with advanced heart failure," says Ross. "These are a complex group of patients."

One APN has carved out a role as the manager of patients actively listed for transplant, providing education, support and monitoring via telephone. Nurse MacIver is investigating how to best manage patients with advanced heart failure in their home setting, working with community homecare groups who help keep patients where they want to be—at home.

You'll find advanced practice nurses working with RNs in the units as well to deliver and monitor care, and to recognize and follow-up on transplant complications, such as delirium and changes in mental health status. The follow-ups continue in the out-patient clinics, where APNs assess patients for their post-operative physical and mental health.

They're a critical member of the team, says Levy. "The APN makes rounds with us in the morning, prepares work sheets as background information for procedures, puts in [intravenous] lines, oversees other nurses and helps train doctors," says Levy. "They have a huge impact on the workload of the team."

Ross sees their impact reverberating even further, beyond urban centres where transplants are performed. "There's a huge opportunity for APNs to educate outside the tertiary academic centre of Ottawa, Toronto and London, the only sites where heart transplants are performed in Ontario. There's a large practice outside the transplant realm."

Ross would like to see an outreach program run by advanced practice nurses to service smaller communities and improve access to healthcare for post-transplant patients. "It would be amazing to put a satellite program in Sudbury or Sault Ste. Marie or Thunder Bay and have it run by advanced practice nurses with transplant experience," says Ross. "We could have the nurse up north engage in a tele-health session with a nurse here on site."

It would also be amazing to help post-transplant patients from making some long trips back to Toronto for follow-ups, alleviating personal and economic stress, and contributing to patient satisfaction and quality of life. "There's a huge correlation to patient satisfaction," says Ross. "The impact of APNs on patient outcomes has been very well documented in the literature, which is one of the reasons why we have been able to make a business case for having APNs within the heart function clinic," says Ross.

Still, Ross believes we haven't begun to maximize the potential that APNs can accomplish in a hospital setting. Levy would agree. "I've never believed in traditional roles so I think people of talent should move into whatever they are capable of doing. Certainly the role of nurses continues to evolve in its field." He sees a transplant program in future with less reliance on doctors and more reliance on nurses with specialized areas of expertise, nurses who will make up the bulk of multidisciplinary teams, and in some instances, will be in charge of these teams.

Nurses such as Jane MacIver. The girl once in charge of bringing homework to hospitalized classmates is now an advanced practice nurse who could one day take charge of a multidisciplinary team that follows-up patients in Timmins via tele-health, and teaches other nurses and doctors about transplant medicine issues.

"This is unchartered territory for nursing," says MacIver. The future excites her.

Second chance

Safa Masri, RN, is completing her master's degree in nursing to honour her donor's gift of life—a new heart

By Lucianna Ciccocioppo
Photography by William Ciccocioppo

Safa Masri, BScN 9T8, remembers feeling petrified when she got that telephone call in September 2006. "We may have a donor heart for you. Please come in immediately," said the staff person from Toronto General Hospital.

This should have been a time of elation for the RN, but instead she feared she would not survive the surgery. What would happen to her family, her husband and two young boys, if something happened to her?

Her five-foot frame had wasted away to 73 lbs. due to the progressively degenerative hypertrophic cardiomyopathy that took over her life, the same malady that killed Windsor Spitfire captain and rising hockey star, Mickey Renaud, 19, earlier this year when he suddenly collapsed in his parents' home. This type of cardiomyopathy, the second most common, causes thickening and stiffening of the heart muscles, reducing its capacity to pump properly.

Diagnosed at age 16, Masri managed the genetic disease with medication, as did her father and older sister. But time and two pregnancies took their toll on Masri's petite body, until she could hardly walk, until she could hardly breathe.

At the end stage of congestive heart failure, with her cardiac function at 14 percent, she had to be carried to her second floor bedroom. She hired a nanny to watch the boys during the day. "I literally could do nothing," says Masri.

The whole idea that someone had to die so she could live was troubling for Masri. The fact the donor heart came from a young person was even more disturbing for her.

But as her husband, Asim Qurayshi, reminded her their Islamic faith preached destiny. And she was destined to have this heart. "I looked her in the eye and said 'We can do this. Things are going to be completely different after this,'" says Qurayshi. "He was my rock; he convinced me to go," adds Masri.

Off they went to hospital to begin the testing, and while the heart was not a perfect match, it passed the criteria. By midnight, Masri was in surgery.

News of Masri's transplant spread quickly to family and friends across the pond, to the UK and Middle East. Her husband's cell phone was ringing continuously.

Educational Epiphany

Safa Masri thought a nursing degree would be a smart undergraduate entry into medical school. What she learned at the Bloomberg Faculty of Nursing, however, transformed her. "This is who I am," explains Safa, "I am a nurse."

When she started the program, the patient-nurse relationship intrigued her, and convinced Masri this was her calling. She graduated with honours in 1998 and worked as a registered nurse at Mount Sinai Hospital in Toronto in the neonatal intensive care unit. After several years experience, Masri says she was learning to diagnose her patients. She's now excited to be developing these diagnostic and assessment skills even further to become an advanced practice nurse (a nurse practitioner), to follow her patients more closely and provide a continuum of care.

"As a staff nurse, I cared for patients on certain days only, and found that if I followed one particular patient through their stay, I understood their case, themselves and their families better, which ultimately led to better holistic care. As a nurse practitioner (NP), I will be able to follow through with certain patients not only during their clinical and hospital visits, but hopefully also care for them throughout their years, as people tend to do with family physicians."

As someone who has gone through heart disease, cardiac failure and transplant surgery, Masri brings an intensely personal perspective to her future career as an NP. "Knowing a particular caregiver well and over years made me more comfortable in sharing information that I may not have volunteered to a caregiver who saw me just one day," she says.

She believes advanced practice nurses are a vital component in the Canadian health-care system. "I see more of us running health promotion clinics, transforming and improving nursing homes and the long term care sector, and voicing our political opinions in an arena where change is possible," says Masri. She wants to be part of the solution to the crisis in our health-care system, to help alleviate the stresses of getting access to primary or specialist care. "If nurse practitioners can intervene and manage problems promptly, there may not be a need to see a specialist down the road," she says. "I honestly believe that if NPs truly utilize their unique skills, our health-care system will not only be more efficient, but our communities will also be healthier."

"People from all over the world were including us in their prayers," says Masri.

About six hours later, the surgery was over. A pink-faced Masri, a complete change from the ashen-faced woman who entered the hospital, awoke to a relieved husband. "I was beaming with happiness, with complete gratitude," she recalls. "This was my second chance at life."

A second chance to play tag—once impossible—with her boys, Yusuf and Eliyas, now seven and five, in the park across the street from their new home in Milton, Ont. A second chance to be a nurse.

Despite a life span of five to 10 years, and despite two cases of rejection, one of them severe, Masri has enrolled in the online master's program at the Lawrence S. Bloomberg Faculty of Nursing, to finally complete the degree she began in 2000 but could not complete due to her declining health.

She is thinking of working with children who need heart transplants, to use her personal and professional expertise as a nurse practitioner to provide optimum care and assuage their fears.

It's the best way she can think of reconciling the survivor's guilt she feels every day with the beating of her donor heart. "I told the donor family [in a letter] that I'm really going to make something of my life, for their sake and my own," says Masri. "I thanked them for giving my children a mother. I told them I was sorry, and that I would honour them and their child."

She is unfazed by her lifelong recovery sentence. So too are her boys, who 'performed' a heart transplant on their mother when she was napping at home after her surgery. "It was their way of normalizing the situation," Masri says. "They think it's pretty cool I got a new heart."

Regular blood work and biopsies, numerous side effects from the 20-plus daily medications, and concerns the boys may inherit the disease used to weigh heavily on her mind, but the 33-year-old Masri is now at peace with her life, and remains optimistic.

"I feel like a kid again, like I'm 16," she smiles. She feels young—at heart.

CARDIAC PAI

BLOOMBERG RESEARCHERS ARE IMPROVING QUALITY OF LIFE FOR PEOPLE LIVING WITH CARDIAC PAIN

BY LUCIANNA CICCOCIOPPO PHOTOGRAPHY BY CAROLYN C.

LINKING THE TWO WORLDS OF CHRONIC ANGINA PAIN

Imagine living with ongoing, searing chest pains, fears of a heart attack running through your mind. Imagine being told it's not a heart attack—and you're sent home from the emergency room. Many people in Canada do live this way, about half a million Canadians, because they have unresolved angina, or chest pain, due to a lack of oxygen to the heart. For some, conventional cardiac treatments—medication, surgery and angioplasty—no longer work.

"It feels like my heart is in a vice," says Audrey Smith.* "It starts in my back and moves to the front, and then goes down my arm. It feels like my arm is in a blood pressure cuff." Imagine the quality of life.

Smith suffers from chronic refractory angina, the severest form of angina. Two years ago she walked a half-marathon in Ottawa. Now she's lucky if she can walk around the block on good days. "This has affected my quality of life immeasurably because I never know when it's going to happen," says Smith.

One mild heart attack and three angioplasties later, Smith lives with at least one angina attack a month, lasting about three or four hours. That's an improvement over the marathon eight-hour angina attack she had earlier this year, which landed her at Toronto General Hospital's emergency department. "I thought this was another heart attack," says Smith. "They performed another angioplasty, but the doctors really weren't sure what was causing the pain."

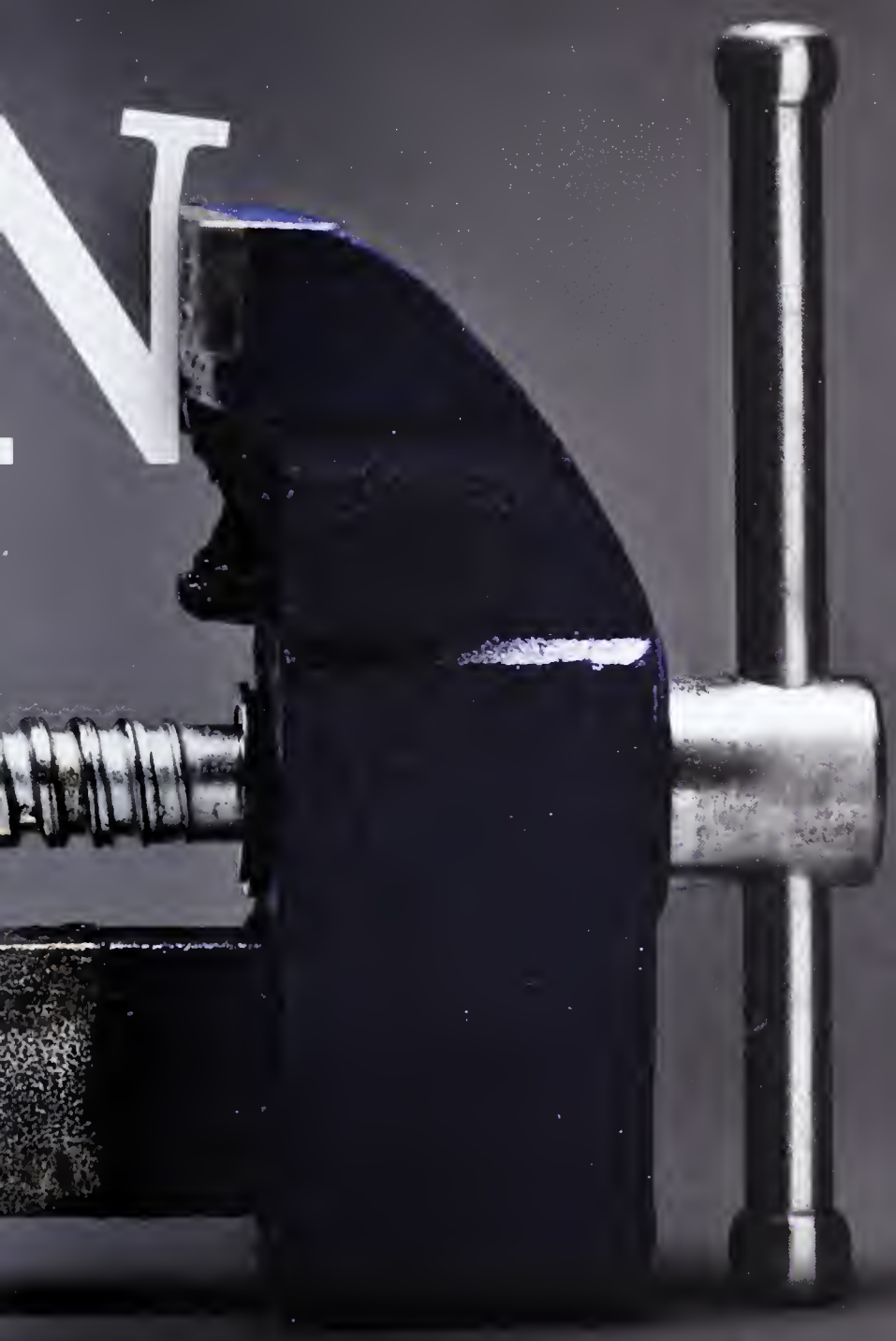
In fact, most clinicians and patients lack the knowledge about appropriate pain-management strategies. She tries to cope with the attacks, using a nasal nitro spray, or painkillers. "They don't come even close to helping relieve the pain," says Smith. But for now, she tries deep breathing and meditation. And she waits for the day researchers such as Dr. Michael McGillion (PhD oT6), assistant professor at the Lawrence S. Bloomberg Faculty of Nursing, increase awareness of and improve access to expert refractory angina pain-related care.

McGillion is an expert in the self-management of chronic cardiac pain, one of a handful of researchers in Canada studying this area. His PhD research engaged sufferers of chronic angina in a self-management training program for six weeks to work towards a higher level of self-efficacy. McGillion adapted and tested a Stanford University model of self-management specifically for this population called the chronic angina self-management program. Now

he's developing a project focusing on improving the self-efficacy of people with severe refractory angina, like Audrey Smith.

"Refractory angina is constant, debilitating pain and this poses unique management challenges to cardiovascular clinicians, patients and families. This pain can arise or persist in the absence of any notable lack of oxygen to the heart, often as the result of damage to the nervous system," says McGillion. "Patients living with refractory angina suffer major psychological distress. Like any chronic pain it can become all-consuming, and take over your life. It's debilitating for people because they're afraid to engage in physical activity," says McGillion. "So, as researchers, the question is how can we improve access to expert refractory angina pain-related care, and enhance a person's self-efficacy?"

McGillion may have some answers. Collaborating with Swedish colleagues, he wants to launch a trial using the chronic angina self-management program together with spinal cord stimulation, one of the therapies for refractory angina and other kinds of chronic pain. Spinal cord stimulation involves a pulse generator implant in the chest and electrical wires to the spinal cord. This stimulation serves to distract the brain from pain stemming in the cardiac region. It also serves to increase blood flow—and oxygen—to the heart. Would this combination of cognitive and physical therapies help people function better in their day-to-day life?



It's a question well worth asking because unrelieved pain has major consequences. People become sedentary, which causes a whole host of other health problems. There are financial costs as well—about $19,000 per year, per person suffering from angina, according to one Ontario-based study, says McGillion.

And while strong evidence supports the prevalence of chronic refractory angina is rising globally, "there's a real deficit in the understanding of cardiovascular pain," he says. "The real problem is effective refractory angina management requires knowledge and application of pain and cardiovascular mechanisms. Unfortunately an integrated understanding of these perspectives is not common among clinicians. We don't have the pain and the cardiac communities working together more broadly on this issue." That is, until now.

McGillion wants to bridge this knowledge gap, particularly from the nursing perspective. He's working with pain and cardiovascular experts on a plan for national practice guidelines to help health-care professionals assess and manage chronic refractory angina. McGillion aims to produce a patient version as well, to empower angina sufferers, like Audrey Smith, to make better decisions about when to access emergency services and how to optimize their quality of life.

**name withheld by request*

DON'T BE A MARTYR—TAKE YOUR PAIN RELIEF MEDS

You would think people suffering from pain after a grueling three to five-hour cardiac surgery, where their sternum was cut and they were immobile for the duration, with arms outstretched, would be diligent in taking their pain medication. Think again. For a variety of reasons, Dr. Marit Leegaard found many women in her post-operative study did not always follow their health-care provider's advice.

"It's the inside (of the chest) that is most painful, and the pain keeps me up most of the night."

For her PhD thesis at the University of Oslo, Leegaard researched the self-management of post-operative cardiac pain in a qualitative study of 10 Norwegian women. She selected women because cardiovascular disease is the No. 1 killer of women, and also because it's believed women report more post-operative pain than men after cardiac surgery.

The women were interviewed in their homes eight to 14 days after their surgery, and were required to fill in a diary tracking their pain levels every day—how much, where, and what they used for relief. The pain intensity was determined by taking an average of the last 24 hours and current levels. For pain medication, the women were advised one to two tablets (500 mg each) of acetaminophen, two to four times daily in the first few weeks at home. They also had a prescription of a stronger version to use "as required" when experiencing their worst pain: acetaminophen tablets with 30 mg of codeine. This information was available in booklet form for the women as well.

At their time of discharge, patients in Leegaard's study were informed about their surgical wounds, medication, physical activity and restrictions, and about issues such as mood, diet and smoking, as per standard procedure. "Their knowledge and expectations of pain made self-management easier, because they knew they would have increased pain in the chest," says Leegaard. "But they didn't expect pain in their neck and shoulders." She adds: "They only used their knowledge of pain gained before their hospital discharge."

"I can still feel the wire (used to stitch the sternum split) *inside my chest."*

Dr. Marit Leegaard believes post-operative pain from cardiac surgery should

be eliminated. "But my concern is, it's not," says the Tom Kierans international post-doctoral fellow. Cardiac surgery involves several pain-sensitive areas, and if left untreated, can result in chronic pain. The self-management of post-operative pain is a hot issue, says Leegaard, since patients are discharged more quickly from hospital than ever before.

Her findings prove work needs to be done. "The self-management of pain is not adequate," says Leegaard. But that conclusion didn't surprise her. What shocked her significantly was that nobody wanted to complain. "The women waited until the pain was almost unbearable before they took their medications," she says. "There was a fear of looking vulnerable before family and friends." Women devalued their pain experience, or said it was tolerable, says Leegaard.

"It's been a bit rough the first weeks, but I have had a wonderful time. No pain to complain about."

While the patients were physically active, and did their exercises, they did not take their medication beforehand, as advised. When their pain levels went up, they did not see the link, says Leegaard. "Most people know that cardiac surgery is tough on the body and there's a feeling that they have to endure the pain," explains Leegaard. To put it bluntly, "They're just happy to be alive," she says. One woman wrote in her diary, "as long as the doctor is happy, I'm happy."

But pain relief is important, says Leegaard, to help reduce complications from the surgery, shorten hospital stays and lower readmissions. According to Bloomberg Faculty of Nursing professor emerita, Dr. Judy Watt-Watson (BScN 6T7, MScN 8T4, PhD 9T7), research shows 15 to 30 percent of post-operative cardiac patients have unrelieved pain one year later.

Leegaard's study did not support the belief women report higher pain levels after cardiac surgery. "We know patients don't complain in hospital because they're dependent on the care and treatment. They may rate their pain quite high, but they also have high rates of satisfaction of care," says Leegaard. There was a sense of "nurses know best," she says. The patients did not complain in their follow-up interviews as well, says Leegaard.

"I can stand a lot of pain as long as I know why."

Leegaard hopes her findings will have an impact on how patients are educated about pain self-management before they're discharged. She'd like to see nurses help patients participate in their pain self-management, encourage them to use the medications regularly and have health-care professionals fine-tune and individualize the information for patients. "It should be gender specific," Leegaard says. The result would help improve recovery rates and prevent chronic pain problems down the road. "It's a simple but not so simple solution," says Leegaard.

Leegaard is currently completing a post-doctoral project at the Lawrence S. Bloomberg Faculty of Nursing, expanding on her pain self-management expertise. She's leading a pilot study at Toronto General Hospital (with plans to continue and expand the study further in Oslo) to determine nurses' educational needs to assist patients in pain self-management while in hospital.

"We have to help them help themselves," says Leegaard.

A PHONE CALL TODAY COULD KEEP THE DOCTOR AWAY

Dr. Monica Parry (ACNP 9T8, PhD oT8) can't stress the importance of a phone call. That's because phone calls were the basis of her pilot trial looking at support to post-operative bypass patients. Parry completed her PhD at the Bloomberg Faculty of Nursing where she researched the feasibility of using peer telephone support after coronary artery bypass graft surgery. When these patients are discharged from hospital, there's an eight-week wait period before their cardiac rehabilitation visits begin, says Parry. Only about 33 percent actually participate, and she'd like to see this number improve to help reduce hospital readmission rates.

"Patients are willing to travel four hours to get to a hospital for surgery, but they won't travel back to the hospital three or four times a week for cardiac rehabilitation visits," says Parry. During this time, patients may suffer from non-anginal cardiac pain, "one of the primary reasons for readmission to hospital," exhibit depressive symptoms, poor function, and have an impaired quality of life, says Parry. Physical and emotional issues are at play as well: patients are not allowed to lift, push or pull more than 10 lbs. for 4-6 weeks, nor are they allowed to drive. The patients in her trial ranged in age from 45 to 84. Some had young families and financial commitments to maintain; others had other complications, such as diabetes or lung problems, to add to their health challenges. All these issues increase anxiety levels.

The pilot included 11 peers who supported 45 patients. The peers all had experienced coronary artery bypass graft surgery in the last five years and had attended a formalized cardiac rehabilitation program. They were not to give any medical advice. Parry matched patients to peers by gender and as closely as possible by age. The peers had to reinforce the information patients were given while in hospital, such as encouraging adequate pain management, and regular walking and range of motion exercises. Most calls were about 30 minutes or less, and peers were asked to call as often as patients requested. Almost all peers were able to phone patients within 72 hours of hospital discharge.

"This is a crucial period of time. Patients either 'sink or swim,'" says Parry. "This was unique from another study I did two years ago, which used an advanced practice nurse for telephone support. But this study did not have conclusive results, nor did it indicate an APN intervention improved cardiac rehabilitation intake."

On the other hand, peers seemed to have a better influence on intake into rehabilitation, says Parry. "Peers can provide support that we can't. They can share their experiential evidence." Even though nurses provide educational booklets, not every patient goes through them, nor do family members. "People are anxious," says Parry.

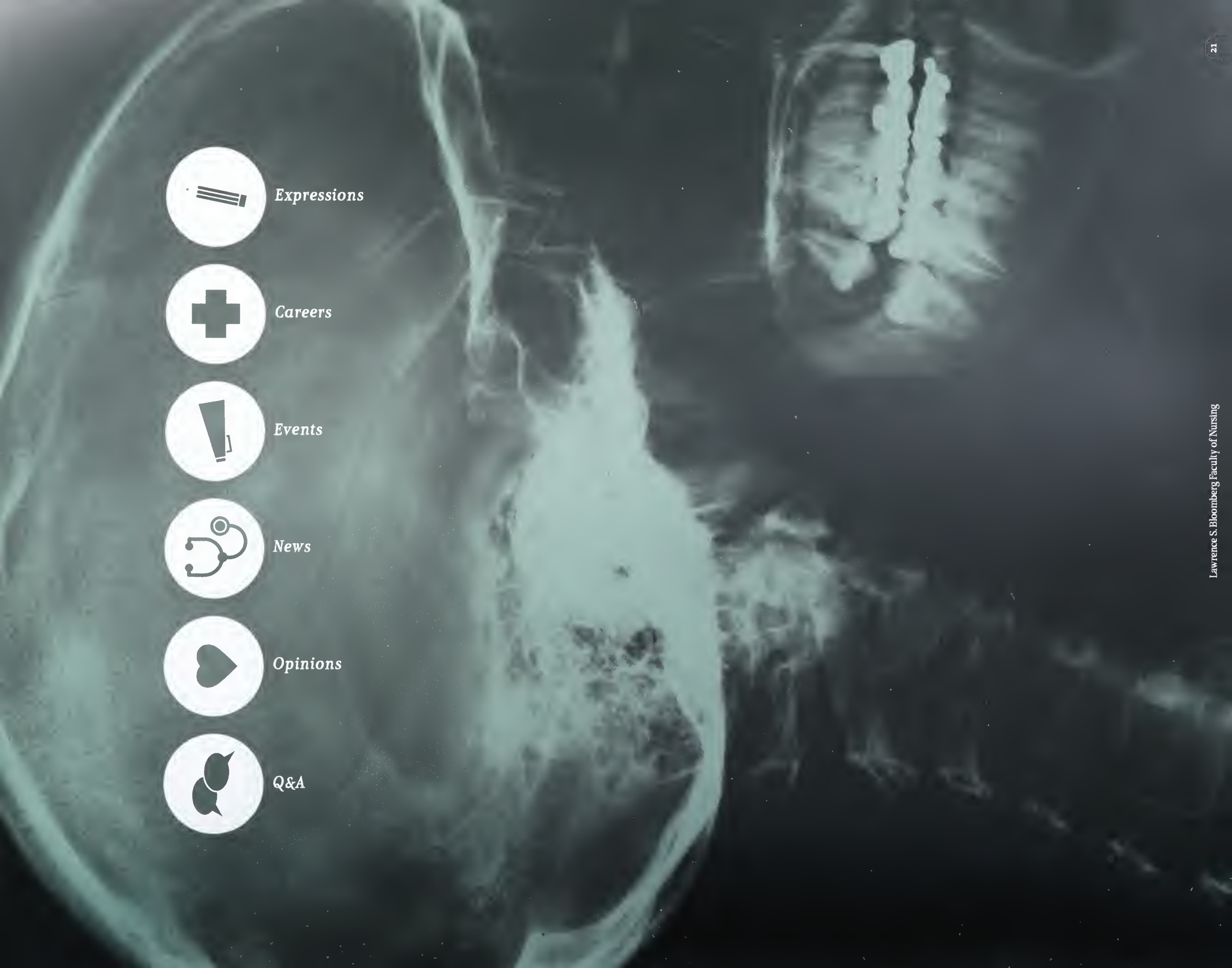
Peers reinforced the information nurses provided, such as walking for at least 20 minutes per day, completing the walking log sheet as "tangible evidence patients were sticking to their exercise regime." Patients were also encouraged to rate their pain, using a numeric rating scale (NRS), and to take their prescribed pain medication if they rated their pain greater than a four, on a scale of 10. But, more importantly, it was the emotional support that had a resonance with patients, says Parry.

"Peers were able to listen. What was unique to these peers was they were able to affirm that the recovery was going as it should, meaning there were going to be good days and bad days. They could relate, since they had similar experiences. This was reassuring to patients."

Previous evidence has showed women recover differently than men. The telephone calls also suggested recovery differences. Men focused on tangible issues, such as walking, when and for how long; while women wanted more emotional support. Women asked to be called more frequently, says Parry, almost twice a week over 8 weeks. Men averaged one call per week.

At the same time, Parry's study found patients rated their pain lower, tended to have a better rate of physical function and improved quality of life. Parry's research is unique because the support occurs exclusively over the telephone and covers a large geographical area. Other studies looked at peer support for post-heart attack and post-bypass surgery patients, with in-hospital visits by peers. None took geographical barriers into consideration, says Parry.

"It's a different way of providing support for people after cardiac surgery, at a reasonable cost," says Parry. Such support can help push up rates of cardiac rehabilitation intake, improve recovery times and reduce readmission to hospital, especially for patients who are older and have co-morbid factors, she says. "It's pleasing to know that an intervention such as this is feasible," says Parry.



Lawrence S. Bloomberg Faculty of Nursing

Lawrence S. Bloomberg Faculty of Nursing

Lawrence S. Bloomberg: businessman, volunteer philanthropist

Why he wants to 'fix nursing's undernourished image' and other tales from the top

PULSE: Your $10 million investment last year to the Faculty of Nursing was, at the time, the largest one-time gift to a nursing school in Canada. Why support U of T's nursing program, when there are so many nursing schools across the country, and in Montreal, where you're originally from?
LSB: I made Toronto my home in 1971. I involved myself in business in Ontario, in Toronto and the community here. As part of that, I became very involved with Mount Sinai Hospital. And I learned that lay people could make a significant contribution to hospitals, other health-care institutions, or any not-for-profit.

I've really enjoyed the role I played at Mount Sinai because as chair, together with other board members, we significantly contributed to a better institution.

Fast forward to 2000. MaRS [in Toronto's Discovery District] was formed to help facilitate commercial development of research that came out of the hospitals and universities in the health care and medical area. I believe MaRS has moved forward quite handsomely, and extremely effectively in its mission.

I started to reflect on what else I could do as a philanthropist. I suppose, because of my involvement in health care, hospitals and medical research, and knowing the important role nurses play in health care, I thought this would be an interesting extension.

With Toronto my home, and with my involvement in these two other institutions, it was a very small step to the University of Toronto's Faculty of Nursing. And the fact that no one had named a Faculty of Nursing at the time was very appealing.

PULSE: What image do you want Canadians to have of nurses and the nursing profession?
LSB: I want them to think that nurses are not born. They, like other professions, are educated, and the health-care system needs educated nurses of the highest level.

I want them to understand that nursing, which makes up the largest part of the health-care system in Canada, needs to get full recognition and support for the very important role it plays.

I also want them to understand that NPs (nurse practitioners) will play an even more important role in the future. Therefore, nurses should be supported and celebrated. You simply can't run a hospital without nurses. They form an integral part of the health-care team.

PULSE: Can you share a great nursing story with us, about someone that made a lasting impression on you or a family member?
LSB: I don't have a personal story; fortunately, me and my family have been in good health, and have not used the hospital system. But my parents were hospitalized when they were older. And it was obvious that nurses played a key part in their care and comfort. Our family members were always extremely appreciative of this care.

PULSE: What are you most proud of what your investment has accomplished so far?
LSB: Well, it's only been one year, but a large percentage has been used to improve curriculum, and attract additional talent, some of it internationally, to improve the learning experience at the school. [Editor's note: visit www.nursing.utoronto.ca for further information on these professorships.]

PULSE: Twenty years from now, what do you hope your $10 million has achieved?
LSB: One of the long-term goals was to ensure nursing receives the respect it deserves as part of the health care team. It was extremely evident that nursing's image was undernourished. I want to change this.

Since the Faculty of Nursing was named after me, two other Canadian schools have been named: the Arthur Labatt Family School of Nursing at the University of Western Ontario, and the Daphne Cockwell School of Nursing at Ryerson University. This will help improve the overall image and quality of education for the nursing profession.

There are lots of other faculties that haven't been named yet...

PULSE: Ultimately, what do you want people to think when they hear the name Bloomberg Faculty of Nursing?
LSB: Excellence. A leader in nursing education. A major supporter of the profession.

PULSE: Top 3 words your friends would use to describe you?
LSB: I've never been asked that before. Let me think...

Goal-oriented.

Passionate.

Fun.

You must have fun in life, or you shouldn't be doing what you're doing. I am really getting a kick out of this, and enjoying my time at the faculty, and it's still very early days. Great schools and great faculties, like great businesses, develop over time. We have a great Faculty of Nursing at U of T. We agree on the mission of academic excellence and the importance of promoting nursing as part of the health-care team. So progress in both these areas is very exciting.

PULSE: If you could live a second life, parallel to yours today, what would you be doing?

LSB: Quite frankly, I wouldn't want to reinvent myself. I like what I've done. My family life has been spectacular. I've a great wife, Frances, with three great adult children and grandchildren.

I've very much enjoyed all my community involvement, both as a member and as a philanthropist. And I've been so involved in my career that I wouldn't know how to do anything else.

PULSE: So, no secret, burning ambition to be a poet or musician?
LSB: Actually, yes. My one burning ambition is to be a better golfer! [laughs] I have tried for more than 40 years to be a single digit handicap—and I'm going to keep trying.

PULSE: What's your handicap?
LSB: 18.

PULSE: Mr. Bloomberg, thank you very much.
LSB: You're very welcome.

Photo: William Eccleshall


Made in Canada

At the forefront of nursing research

Successes in improving policies and practice in Canadian health care now mean we move forward to tackling the health human resources issue

By Dr. Judith Shamian, CEO VON Canada, professor (status only), Bloomberg Faculty of Nursing

Recently, I returned from the International Nursing Research Conference held in Jerusalem, Israel. As a keynote speaker, I spoke about the importance of research and evidence on influencing policy. It was great to see Canadians so well represented at the conference, which attracted nurse researchers from 34 countries. I was reminded how important it is for Canada to continue leading in the field of nursing science.

Canadian nursing schools and researchers have developed a reputation around the world for having built a very significant research enterprise. Canada has come a long way in establishing nursing research chairs, and they have built important research programs. We are generating a workforce which appreciates and understands the importance of research and evidence to practice, management and policy. Given my career history in the service and policy arenas, as vice-president of nursing at Mount Sinai Hospital, as the inaugural executive director of the office of nursing policy at Health Canada, and currently as president and CEO of VON Canada, I have a unique perspective of how important research is to practice and policy.

The collaborative approach which occurs throughout the Canadian nursing research community has developed young talent. As well, the collaboration between research units, government, industry and regulatory bodies, and the health-care sector generally, has allowed nursing research to be utilized effectively and funded appropriately. For example, my experience working with the Nursing Health Sciences Research Unit (www.nhsru.com) at the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto has shown that researchers and policymakers can work symbiotically. This unit has produced great research under the leadership of faculty member Dr. Linda O'Brien Pallas and has supported policy development in health human resources at the local, provincial, national and international levels.

Health human resources is an area where research was integral to identifying the problem for policymakers. It was instrumental in identifying how to meet the needs of the Canadian health-care system and health-care workers. Nurses and nurse researchers were leaders in identifying the issues around healthy workplaces for health-care workers. This led to great policy and practice change, prompted widespread attention and developed an understanding that producing nurses without attending to their retention will not solve the shortage problem. Through the use of evidence to promote change, nurse researchers have brought attention to the needs of nurses, and other health professionals.

We know that Canada has a wealth of strong academic facilities which produce and employ amazing scientists and scholars. As we graduate nurses who are exposed to research and evidence-based practice, we create a strong workforce that promotes excellence in practice. At the University of Toronto, nurse scientists, in partnership with health-care organizations, modeled the way for making the transition from solo researchers with minimal impact on society, to programs of research that produce real solutions to practice, system management and policy issues. By doing so, the Bloomberg Faculty of Nursing has strengthened the health of Canadians and buttressed our health-care system. The importance of this school to Canadian policy and practice can not be overemphasized.

While we have been very innovative on many nursing research frontiers, we still have other challenges that we have to tackle with the same passion, energy and drive as we have shown with the research and policy agenda. Given the crisis we are facing with shortages of health human resources, academic and service settings have a major responsibility to figure out how to provide the best education and clinical experience, mentoring and coaching of students and recent graduates. I speak to many nursing students and recent graduates, and increasingly I hear concerns that the workplace environment is not aligned with their expectations. I am hearing that these workplaces, where the novice nurses and their generation practice, do not complement the intellectual, knowledge capital and generational perspectives that they bring to the health-care milieu.

Although the nursing-education system has migrated into a university system, in many ways much of it still mirrors, to a certain degree, the apprenticeship curative experience-based model. We have failed to transition to a patient/family-centred evidence-based health-care system. We operate primarily in illness-based services while we attempt to educate our future generation of nurses on wellness-based perspectives.

Another paradox is we educate our emerging nurses to be independent collaborative practitioners, working in interdisciplinary/inter-professional environments and using scientific evidence for their clinical decisions, when the environment we send them to are hierarchical, in a doctor/nurse sense, by years of experience (senior/junior) and types of knowledge used. The time has come to look at spending time and energy in what we know about environments of practice. Otherwise, while we produce increasing number of outstanding practitioners, this will not lead to increasing number of nurses in the workplace settings.

To continue to enhance our health-care system and Medicare, our cherished "Made in Canada" social program, we need to continue to challenge ourselves on all fronts. We must continue to do all we can as individuals and as a collective in order to attain the best health and social well-being for Canadians while continuing to contribute internationally. We have the tools to build and maintain the best health care system that can only be attained by having outstanding nurses who form the heart and soul of the system.

There is only one question that needs to be answered: Do we have the passion, energy, commitment and desire to make it happen?

Illustration: Ian Phillips

Fifty years of "feistiness"

meet a feisty nursing class, such as the Class of 5T8, who is quite proud of being according to the School of Nursing director at that time. But Barbara Hayworth, was a good reason for that attribution.

rst groundbreaking class," says Hayworth, "the first to be independent thinkers." es were at the threshold of the revolutionary decade of the '60s, it was the dawn of a rse, explains Hayworth. "And our director simply wasn't ready for that."

an Norstrand, BScN 5T8, says their broad-based university education was an important for their critical thinking skills. But other nurses during that time, hospital-trained nurses, didn't necessarily see the value of a university nursing school.

"We had an ivory tower image," says Van Norstrand. Adds her colleague Miriam Radley, BScN 5T8, "We were looked down upon because they didn't think we had any practical experience. They called us the 'clean nurses.'" It took awhile for society to accept the highly educated nurse as part of the health-care system of the time.

How times have changed. Today, university-educated nurses are the norm, not the rarity. And to help make it a little easier for students to complete their nursing studies, an endowed award has been set up in honour of the Class of 5T8 because of the 50th anniversary celebration this year, and because of the energy and stamina of these women.

The determination of this group continues to this day. As a result of the great turnout at Spring Reunion 2008 and the diligent efforts of some classmates, the Class of 5T8 can proudly say they are now in contact with all 25 of the remaining women in the group. The alumnae are currently putting together a keepsake album that each 5T8 graduate will have, documenting their school years.

The first Faculty of Nursing Class of 5T8 Award will be given in September 2009 to an undergraduate or graduate student and based on merit and financial need. Perhaps another requirement will be added—to illustrate "feistiness" as well.

ABOVE Members of the "groundbreaking" Class of 5T8

Estate of Bluma Appel donates $500,000 to student awards

Paying for their education has become a little easier for some nursing students, thanks to a $500,000 gift from the estate of Bluma Appel, given to support student awards at the Lawrence S. Bloomberg Faculty of Nursing. Undergraduate awards will receive a boost of $300,000 and graduate awards will receive $200,000. Graduate awards are uniquely earmarked for students experienced in or interested in the following areas of nursing: pain management; neuroscience; or palliative care. The endowments are eligible for matching from the provincial government's Ontario Trust for Student Support fund bringing the total injection to $1 million in support of student awards. The awards were made in honour of Jeannie Butler, a longtime friend of Appel. Butler, a registered nurse, is an enthusiastic supporter of and a volunteer with the LSB Faculty of Nursing. Appel was a Toronto activist, arts supporter and philanthropist, well-known for her support of health-related causes. The isolation room at the Clinical Simulation Learning Centre (SIMS Lab), the innovative and cutting-edge teaching laboratory at the LSB Faculty of Nursing, is named in her honour, in appreciation of her $350,000 gift to the faculty in 2006. Also in 2006, she received an honorary degree jointly from the Faculty of Arts and Sciences and the LSB Faculty of Nursing.

One hundred reasons to celebrate nursing

The Canadian Nurses Association celebrates its 100th anniversary this year, and has created a one time award in celebration of its centennial. The CNA has recognized 100 exceptional registered nurses whose personal and professional contributions have made an outstanding and significant impact on the nursing profession. Many of them are alumnae of or status appointments to the Lawrence S. Bloomberg Faculty of Nursing. Congratulations!

***Gillian Brunier**, North York, Ont., MScN 9T1, ACNP 9T6:* Gillian Brunier is a specialty practitioner in nephrology and volunteer journal editor with the Canadian Association of Nephrology Nurses. ***Sandi Cox**, Toronto, Ont., MN 0T3:* Sandi Cox is chief nurse executive and senior director of rehabilitation and complex continuing care at Bloorview Kids Rehab hospital in Toronto. ***Dr. Gail Donner**, Toronto, Ont., PhD 8T6:* Dr. Donner is a former dean and professor emerita of the Bloomberg Faculty of Nursing. ***Dr. Diane Doran**, Toronto, Ont., PhD 9T5:* Dr. Diane Doran is a professor and the Lawrence S. Bloomberg limited term professor in patient safety at the Bloomberg Faculty of Nursing. ***Kathryn Kozell**, London, Ont., ACNP 9T5:* Kathryn Kozell is the coordinator for the disease site teams and council for the regional cancer program at the London Health Sciences Centre. ***Karen Ann MacKinnon**, Victoria, BC, BScN 8T1, MScN 8T4:* Karen Ann MacKinnon is assistant professor at the University of Victoria's School of Nursing. ***Dr. Kathleen MacMillan**, Toronto, Ont., BScN 8T0, MScN 8T2, MA 8T3:* Dr. Kathleen MacMillan is dean of the School of Health Sciences at the Humber Institute of Technology and Advanced Learning. ***Sue Matthews**, Markham, Ont.:* Sue Matthews is vice-president, Ontario, and chief of practice for the Victorian Order of Nurses, and assistant professor (status only), LSB Faculty of Nursing. ***Barbara Mildon**, Surrey, BC, BScN 9T3, MN 9T8:* Barbara Mildon is chief nurse executive and vice-president, professional practice and integration for the Fraser Health Authority. ***Dr. Lynn Nagle**, Toronto, Ont., MScN 8T8:* An assistant professor in the Bloomberg Faculty of Nursing, Dr. Lynn Nagle is also assistant professor in the Department of Health Policy, Management and Evaluation, Faculty of Medicine, University of Toronto and president of health informatics consulting company, Nagle and Associates. ***Margaret Risk**, Haliburton, Ont., CPH 5T8, BScN 6T6, MScN 7T3:* As the executive director of the College of Nurses of Ontario (CNO) for 17 years and as a consultant for organizations across Canada, Margaret Risk

made significant contributions to professional nursing practice. ***Dr. Judith Shamian**, Toronto, Ont.:* Dr. Judith Shamian is president and CEO of the Victorian Order of Nurses Canada, and is a professor (status only) at the Bloomberg Faculty of Nursing. ***Verna Huffman Splane**, Vancouver, BC CPH 3T9, Doc. Science (Hon.) oT7:* Verna Splane was Canada's first principal nursing officer and pioneered the advancement of Canadian nursing abroad.

To read their biographies, view: http://23072.vws.magma.ca/centennial/eng/awards-program-centennial-awards.aspx

Amazing Alumni

Each year, the Lawrence S. Bloomberg Faculty of Nursing honours alumni who are nominated and recognized by their peers for making superior achievements in their field of health care. Here are the 2008 Alumni Award winners:

The Award of Distinction recognizes important lifetime contributions and was awarded to Dr. Ruth Gallop. Gallop received her BScN and MScN from the Faculty of Nursing, University of Toronto and her PhD from the Institute of Medical Science at the University of Toronto. She is an internationally known expert in mental health with respect to women, depression and survivors of violence and abuse, and in the clinical challenges related to mental health. Her many accolades include: the Award of Excellence in Nursing Research from the American Psychiatric Nurses Association; Canadian Federation of Mental Health Nurses National Award of Excellence; Ontario Psychiatric Nurses Interest Group Award of Merit; and Career Scientist Award, Ministry of Health. She has numerous publications including a book and has consulted to provincial organizations including the Ministry of Health and Registered Nurses Association of Ontario, as well as regulatory colleges of other disciplines.

The Distinguished Alumnus Award, given to a role model with exceptional achievements, and who has contributed to the health system through patient care, basic and clinical research, goes to Dr. Debra Bourne. Bourne received her BScN and her MScN from the University of Toronto and her PhD from Loyola University Chicago. Currently she is director of nursing, new knowledge and innovation at University Health Network, and managing editor for Nursing Science Quarterly. She has more than 40 publications to her credit to date and has drawn international attention. Under her leadership, UHN has implemented more than 80 nursing studies where nurse researchers received more than $5 million dollars in funding, published more than 75 articles that are highly cited and in high impact journals, and formed multiple research interest groups and teams.

Our Rising Star Award recognizes alumni whose accomplishments early in their careers have been outstanding and to whom we look to carry the flag for the future of nursing. The 2008 Rising Star Award for Clinical or Community Nursing goes to Daniela Naccarato, BScN oTo. Naccarato is currently pursuing her master's of nursing, leadership in health-care policy and education at Ryerson University.

She is an advanced nursing practice educator, Centre for Nursing at the Hospital for Sick Children and involved in advancing professional nursing practice thereby promoting excellence in the care of children and their families. Previously Naccarato was a clinical support nurse, in pediatric cardiology at Sick Kids and was chair of the clinical support nurse team for two consecutive terms. She hopes to build on her passion for nursing excellence and, one day be an educator and professor.

Dr. Robin Stremler is the winner of the 2008 Rising Star Award for Academic Nursing. Stremler received a BSc in biology and psychology from Queen's University, a MSc in nursing from McGill, and her PhD oT3 in nursing science from the Lawrence S. Bloomberg Faculty of Nursing. Stremler's activities include staff nurse positions in various maternal and newborn care settings and the Multidisciplinary Sleep Disorders Clinic at Sick Kids Hospital. She has taught in undergraduate and graduate programs and is currently an assistant professor at the Lawrence S. Bloomberg Faculty of Nursing. Her superb teaching skills were recognized with the Excellence in Undergraduate Education Award in 2004. She's an adjunct scientist, research institute and research associate, Centre for Nursing at Sick Kids. Her research interests include symptom management for infants, children and adults and the relationship between sleep, fatigue, pain, anxiety and depression. Currently her research focuses on sleep disturbance and fatigue in new families and sleep for hospitalized children and their parents.

The Christine Powell Memorial Award

August 13, 1943, Hathersage, Derbyshire, UK
August 01, 2008, Mississauga, Ontario, Canada

For 18 years, Christine Powell was the frontline contact for students, faculty and staff at reception at the Bloomberg Faculty of Nursing. Whether you called on the phone or approached the reception desk in person, a smile and positive attitude greeted you. Powell was an outstanding member of the LSB Faculty of Nursing and the hub around which our day-to-day services rotated. Sadly, the UK-native lost her battle to cancer last summer. In recognition of her wonderful contributions, a student award has been created. The Christine Powell Memorial Award will recognize student accomplishments and will be based on academic achievement, interpersonal ability and class citizenship, defined as a student available and willing to assist classmates to succeed as nurses.

Rosenstadt research lecture series

Researchers from the Lawrence S. Bloomberg Faculty of Nursing have collaborations and scholarly working relationships with a number of national and international colleagues. These provide exchange opportunities for current innovative scholarly work with the LSB Faculty of Nursing community through a research lecture series.

Acute and Critical Care Nurses' Role in Enhancing Continuity of Care and Patient Safety
Dr. Wendy Chaboyer is the foundation director of the Research Centre for Clinical and Community Practice Innovation (RCCCPI) and an adjunct professor at the Patient Safety Centre, Queensland Health. Her research interests focus on acute and critical care nursing practices. Chaboyer is the Frances Bloomberg international visiting professor for 2008–2009.

Tuesday, October 7, 2008
5:00 PM
Lawrence S. Bloomberg Faculty of Nursing
University of Toronto
155 College Street, Room 208
Toronto, Ontario M5T 1P8

For more information, or to RSVP for this event, please contact:
Bloomberg Faculty of Nursing Research Office
Telephone: 416-978-8533
E-mail: research.nursing@utoronto.ca

2008 BScN convocation reception

Wednesday, November 12, 2008
7:30 pm – 9:00 pm (following the ceremony)
The Faculty Club
University of Toronto
41 Willcocks Street
Toronto, Ontario M5S 1C7

For more information, or to RSVP for this event, please contact:
Bloomberg Faculty of Nursing Alunni Office
Telephone: 416-946-7097
E-mail: development.nursing@utoronto.ca

Faculty Council seeks alumni representatives

The Lawrence S. Bloomberg Faculty of Nursing is seeking two alumni to sit on the Faculty Council. The council has the final authority for the academic policies of the Faculty of Nursing, and advises the dean with respect to the policies for government and management. In addition, the council has an appeals committee, and awards scholarships, bursaries and awards. The Faculty Council meets approximately four times per year. If you would like more information please contact development.nursing@utoronto.ca

Participate in the Faculty of Nursing Alumni Association

The FNAA has been instrumental in helping to keep our nursing alumni connected. We are looking for eight alumni volunteers to participate in the FNAA. With approximately four meetings a year, the FNAA will focus on career and professional development, mentoring, identifying and participating in alumni events, helping to identify and locate alumni for upcoming *Pulse* issues, and serving as an advisory to the annual fund. We are looking for recent and seasoned alumni.

If you are interested in participating in the FNAA, please contact: development.nursing@utoronto.ca

Calling Class of 9T9: Where are you now?

As one of the honoured years at the 2009 Spring Reunion, alumni of the Class of 9T9 are asked to update *Pulse* on their career path. What are you currently doing in your professional life, and where has your career path taken you since graduation 10 years ago? Tell us how you went "from here to there." Email us at: pulse.magazine@utoronto.ca, and we'll include as many "career notes" in the next edition of *Pulse* as we can. We're certain your fellow classmates will want to reconnect with you, or perhaps new nurses may have some questions for you, so let us know if we can publish your email address as well. We look forward to hearing from the Class of 9T9!

2009 Spring Reunion

Join classmates, friends and colleagues at the Lawrence S. Bloomberg Faculty of Nursing Annual Alumni Breakfast

Saturday, May 30, 2009
University of Toronto
Health Sciences Building
6th Floor Auditorium
155 College Street

9:00 AM – Annual Complimentary Buffet Breakfast
10:30 AM – Distinguished Alumni Awards Presentation
11:00 AM – Clinical Simulation Learning Lab Tour

Cost: Free

Honoured years: 1929, '34, '39, '44, '49, '54, '59, '64, '69, '74, '79, '84, '89, '94, '99 and 2004

All graduation years are welcome!

For more information, or to RSVP for this event, please contact:
Bloomberg Faculty of Nursing
Telephone: 416-946-7097
E-mail: development.nursing@utoronto.ca

***Pulse* wants to hear from you: The editorial staff of *Pulse* magazine encourages readers to send in their suggestions and story ideas. Know of an amazing nursing alumnus/alumna with a great story to share, someone who has outstanding career and/or personal accomplishments, may have overcome challenges, and has contributed to society in some way? Email us at: pulse.magazine@utoronto.ca Next issue features oncology nursing.**

From here to there: Roslyn Savage's story

Roslyn Savage, BScN 6T7, never thought she would end up volunteering for the heart transplantation program at University Health Network's Toronto General Hospital (TGH). But as a donor heart recipient and nurse, she has a unique story to share with patients and their families. "I know how they are feeling. I talk, lend support, and answer questions about the waiting, the drugs, the side effects and life afterwards," says Savage. She's a sounding board with a personal and professional perspective to offer.

It's a transitional time in her career, as the senior health-care nurse executive decides what to do next, five years after her heart transplant and less than two years away from official retirement. Wherever her career path takes Savage, her expertise as a nurse and administrator who has dedicated her career to bringing excellence to patient-focused health care will serve her well. "The person I am today is really based on my experience in the nursing profession. I've always had that draw to service, to try to make situations better for people," says Savage.

After graduation, she worked as a staff nurse, and also delved in public health. Her administrator skills were honed as a policy analyst for the Registered Nurses Association of Ontario, and as an executive assistant to a city councillor. She attributes these roles to her nursing degree, and 20 years after her first graduation, did a master's in health sciences in 1988 at the University of Toronto in health policy, management and evaluation to further advance her administrator skills.

"I went back to work in hospitals when these institutions were undergoing a lot of change, changes such as bringing in people from the health-care professions into decision-making. Having someone with a clinical background in a management role gives you so much more credibility with other medical professionals and others in allied health," says Savage.

At Sunnybrook Health Sciences Centre in Toronto, she was the director of operations and professional services in the patient-services unit, community medicine. Over at Trillium Health Centre in Mississauga, Ont., Savage planned, designed and established a full service cardiac centre. More importantly, Savage promoted acute care nurse practitioners as integral to the success of this unit. At TGH, she designed and established the strategic and operational planning and management of all cardiac services in the largest cardiac centre in Canada, the Peter Munk Cardiac Centre.

Then, one day she heard the "T-word," due to the hypertrophic cardiomyopathy that was thickening and stiffening her heart muscles. She needed a transplant. The nurse would soon have to be nursed. "The people for whom I was the so-called 'boss' were now taking care of me," remembers Savage fondly. And she's quick to add: "They took excellent care of me."

Today, the 2007 Distinguished Alumnus Award winner dons the hat of public educator, talking to as many people as possible about transplantation and the need for organ donors. "Canada has one of the lowest donor rates in the world; we need to talk about this issue more," says Savage. "The Trillium Gift of Life Network [Ontario's organ and tissue donation agency] asked me to speak to a number of groups, and to speak to CEOs of hospitals so that they understand the personal impact, upon me, my work colleagues and friends, and most importantly my family."

From staff nurse to nurse executive, Savage now enjoys her new role as volunteer. "I take great pleasure in helping people in an area not too many people know about. And given my educational and professional background as a nurse, it's quite profound for me to able to do that."

ABOVE Roslyn Savage: staff nurse, nurse executive, volunteer and public educator

LSB Faculty of Nursing launches NP anaesthesia care program

If you're looking for an exciting new direction in nursing, look no further. The Lawrence S. Bloomberg Faculty of Nursing is the first in Canada to offer a certificate program in anaesthesia care for nurse practitioners. This series of courses has been designed to provide continuing education for NPs interested in developing their knowledge and skills in the continuum of anaesthesia care including pre-operative, peri-operative, post-operative and ambulatory care. The successful completion of these courses will promote the development of skill and knowledge in the clinical care of patients in pain and/or patients who are receiving sedation and anaesthesia. To earn this certificate, students must complete PDN 1201, PDN 1202, PDN 1209, PDN 1210 along with the anaesthesia assistant graduate certificate (basic) or equivalent from the Michener Institute in Toronto. Students can also choose to take PDN 1202 as a continuing education course in January 2009. The Bloomberg Faculty of Nursing is currently accepting registrations for the certificate program and continuing education course.

For further information, view: www.nursing.utoronto.ca/contedu/Anaesthesia_Care_for_Nurse_Practitioners.htm

***Pulse* wants to hear from you: The careers section is your chance to find out more about—and get inspired by—the amazing accomplishments of Bloomberg Faculty of Nursing alumni from all the graduating years. Please send your "career notes" to pulse.magazine@utoronto.ca**

Carrying the burden of history

By Jennifer Lapum, MN 0T3, PhD (Candidate)

At the threshold of death

her voice is empty
her body *rages* at the soundlessness

instincts of self-preservation tether her to silence
safeguard her continued existence that leaves her
intact from the recurring insult of death

staving off the raw crashing collapse of a spirit sometimes triggered
from long—spaced—breaths
and the stillness of a heart

she holds the wall strong
subdues her vulnerabilities
holds sway to her fragilities

remaining stoically unruffled
casting out a false sense of indifference
as though death were mundane

struggling to stay faithful to her senses she feels the tensions
grip her soul with vitality so potent
still,

the subtleties of a tradition overcome her
carrying the burden of history
bearing the sway of tradition
curbing the visceral re-flex
certain not to lower the mask

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- First in research
- First in Hospital and Community partnerships
- First in donation funding
- First in per researcher funding
- First Canadian named Chair in Nursing
- First funded nursing research unit in Canada (NHSRU)
- First in named professorships
- First Canadian Fellow of the American Academy of Nursing (FAAN)

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